

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

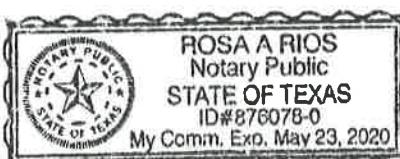
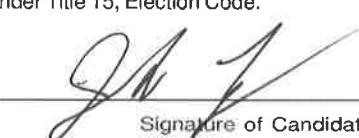
FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>X 11</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST John	MI R	<b>OFFICE USE ONLY</b>  Date Received  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>APR 26 2019</b>             City Manager's / City Secretary's Office         </div>			
	NICKNAME	LAST Ryan	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE P.O. Box 97 Denton TX 76202		
<input type="checkbox"/> Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 940 )	PHONE NUMBER 206-7213	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	FIRST Bette	MI	Receipt #      Amount \$  Date Processed  Date Imaged			
	NICKNAME	LAST Sherman	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3411 Shadow Brook Court Denton TX 76210						
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 940 )	PHONE NUMBER 380-0926	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 3	Day 26	Year / 2019	THROUGH	Month 4	Day 24	Year / 2019
11 ELECTION	ELECTION DATE Month 5 Day / 4 Year / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any) Denton City Council, District 4			13 OFFICE SOUGHT (if known)			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

<b>14 C/OH NAME</b> John Ryan		<b>15 Filer ID (Ethics Commission Filers)</b>							
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>									
<p>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> <p><input type="checkbox"/> Additional Pages</p>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL								
	<input type="checkbox"/> SPECIFIC								
	COMMITTEE CAMPAIGN TREASURER NAME								
COMMITTEE CAMPAIGN TREASURER ADDRESS									
<b>17 CONTRIBUTION TOTALS</b>									
EXPENDITURE TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-							
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8170.00							
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 101.41							
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 8967.33							
OUTSTANDING LOAN TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 895.61							
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4700.00							
<b>18 AFFIDAVIT</b>									
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p></p> <p></p> <p>Signature of Candidate or Officeholder</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>John Ryan</u>, this the <u>26<sup>th</sup></u> day of <u>April</u>, 20 <u>19</u>, to certify which, witness my hand and seal of office.</p> <p></p> <p></p> <p></p>									

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME	John Ryan	
<b>20</b> Filer ID (Ethics Commission Filers)		
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8170.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$8862.92	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<b>1</b> Total pages Schedule A1: 3
<b>2</b> FILER NAME John Ryan			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/27/19	<b>5</b> Full name of contributor James Owen	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Amount of contribution (\$) \$50.00
<b>6</b> Contributor address; 2007 Teasley LN #109		City; State; Zip Code Denton, TX 76205	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
Date 4/3/19	Full name of contributor Denton Professional Fire Fighters	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00
Contributor address; P.O. Box 2534		City; State; Zip Code Denton TX 76202	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/19	Full name of contributor Randy and Sandra Robinson	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00
Contributor address; 2913 Destin Dr		City; State; Zip Code Denton TX 76205	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/19	Full name of contributor Apartment Association of Greater Dallas-PAC	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$5000.00
Contributor address; 5728 LBJ Frwy, Ste 100		City; State; Zip Code Dallas, TX 75240	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<b>1</b> Total pages Schedule A1: 3
<b>2</b> FILER NAME John Ryan			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/18/19	<b>5</b> Full name of contributor Kent and Cheryl Key	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Amount of contribution (\$) \$500.00
<b>6</b> Contributor address; 3100 Triple Crown CT		City; State; Zip Code Denton TX 76210	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
Date 4/19/19		Full name of contributor HBA of Greater Dallas HOME PAC	<input type="checkbox"/> out-of-state PAC (ID#: _____)
		Contributor address; 5816 W Plano Pkwy	City; State; Zip Code Plano TX 75093
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/19		Full name of contributor Marta Menn	<input type="checkbox"/> out-of-state PAC (ID#: _____)
		Contributor address; 2717 Skivue Dr	City; State; Zip Code Argyle, TX 76226
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/11/19		Full name of contributor Richard Smith	<input type="checkbox"/> out-of-state PAC (ID#: _____)
		Contributor address; 721 W Hobson	City; State; Zip Code Denton TX 76205
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<b>1</b> Total pages Schedule A1: 3
<b>2</b> FILER NAME John Ryan			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/20/19	<b>5</b> Full name of contributor Perry McNeill	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	<b>7</b> Amount of contribution (\$) \$75.00
	<b>6</b> Contributor address; 3671 Tuscan Hills Circle Denton TX 76210	City; State; Zip Code	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
Date 4/22/19	Full name of contributor Sara Marotto	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) \$25.00
	Contributor address; 1812 Buena Vista Dr	City; State; Zip Code	
Denton TX 76210			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/24/19	Full name of contributor J Michael Riley	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) \$300.00
	Contributor address; 12200 Rector Rd	City; State; Zip Code	
Sanger TX 76266			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/24/19	Full name of contributor Austin & Sherrie Baker	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) \$500.00
	Contributor address; 3108 Triple Crown CT	City; State; Zip Code	
Denton TX 76210			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME John Ryan	3 Filer ID (Ethics Commission Filers)
4 Date 4/3/19	5 Payee name City Bank Card	
6 Amount (\$) \$222.00	7 Payee address; City; State; Zip Code P.O. Box 78009 Phoenix AZ 85062	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Credit Card Payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 4/2/19	Payee name Printing Place	Office held
Amount (\$) \$1356.59	Payee address; City; State; Zip Code 1130 Ave H East Arlington TX 76011	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Printing and Mailing of flyer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 3/30/19	Payee name Grass Routes	Office held
Amount (\$) \$888.01	Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Counslting Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/19	5 Payee name Grass Routes		
6 Amount (\$) \$207.88	7 Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664		
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Printing Expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Thank you cards	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3/30/19	Payee name Grass Routes		
Amount (\$) \$1495.00	Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664		
 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Counselling Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Counselling	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3/30/19	Payee name Grass Routes		
Amount (\$) \$1495.00	Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664		
 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Counselling Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME John Ryan	3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/19	5 Payee name Grass Routes		
6 Amount (\$) \$214.87	7 Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Consulting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/10/19	Payee name TK Print Shop		
Amount (\$) \$266.30	Payee address; City; State; Zip Code 3401 E University #104 Denton TX 76208		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  T shirts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/18/19	Payee name TK Print Shop		
Amount (\$) \$32.47	Payee address; City; State; Zip Code 3401 E University #104 Denton TX 76208		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  T shirts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME John Ryan	3 Filer ID (Ethics Commission Filers)	
4 Date 4/23/19	5 Payee name 90 Degrees Agency, LLC		
6 Amount (\$) \$2250.00	7 Payee address; City; State; Zip Code PO Box 1598 Cedar Park, TX 78630		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Canvassing door to door	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/22/19	Payee name Grass Routes		
Amount (\$) \$1356.59	Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Printing and Mailing Flyer	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/22/19	Payee name Grass Routes		
Amount (\$) \$382.50	Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Graphic Design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME John Ryan	3 Filer ID (Ethics Commission Filers)	
4 Date 4/22/19	5 Payee name Grass Routes		
6 Amount (\$) \$277.30	7 Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Canvassing Software	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED